



Supplemental Application Data Sheet

Application Information

Application number::	10/822562
Filing Date::	04/09/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1645
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PATHOGEN IDENTIFICATION METHOD
Attorney Docket Number::	MIN-P01-001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jerome
Middle Name::	J.
Family Name::	Braun
City of Residence::	Boxborough
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	201 Burroughs Road

City of mailing address:: Boxborough
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01719

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yan
Family Name:: Glina
City of Residence:: Revere
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 376 Ocean Avenue, Apt. 815
City of mailing address:: Revere
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02151

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nicholas
Family Name:: Judson
City of Residence:: Somerville
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 21 Cutter Avenue, No. 3
City of mailing address:: Somerville
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02144

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Rachel</u>
<u>Family Name::</u>	<u>Herzig-Marx</u>
<u>City of Residence::</u>	<u>Newtonville</u>
<u>State or Province of Residence::</u>	<u>MA</u>
<u>Country of Residence::</u>	<u>US</u>
<u>Street of mailing address::</u>	<u>397 Linwood Avenue, No. 1</u>
<u>City of mailing address::</u>	<u>Newtonville</u>
<u>State or Province of mailing address::</u>	<u>MA</u>
<u>Postal or Zip Code of mailing address::</u>	<u>02460</u>

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Foreign Priority Information

Assignee Information

Assignee name::	Massachusetts Institute of Technology
Street of mailing address::	Five Cambridge Center, Room NE25-230
City of mailing address::	Cambridge
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02142-1493